

AMENDED application (10/825,793)

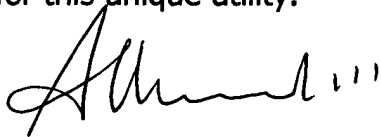
Learned, Addison W. Art Unit 1744 Gary K Graham, Examiner

OATH/PROPRIETY/ SMALL ENTITY STATEMENT

I, The undersigned, being a small entity per title 37 code of Federal Regulations (sections 1.63 and 1.76), hereby swear and declare to be sole inventor of the enclosed, disclosed process and embodiments for "**ISOKINETIC BRISTLE BUNDLE BRUSHES**". I request that the attached pages enclosed be accepted as a non-provisional application for A UNITED STATES utility patent. A fee of \$375.00 is enclosed on check number 298 from my account, 889173514, at the Abington Savings Bank in Abington Massachusetts, 023551.

I am the sole inventor of this concept and refer to UNITED STATES Patent 6473929 and application 10/340,326. I have applied the human engineering principles of Isokinetics analysis of human factors tasks to the utility of a paintbrush to reduce stroking replication, thus fatigue encountered in the house painting trade, to determine the most appropriate bundling embodiment of bristle positions for this unique utility.

AW Learned III



Box 164, N. Abington MA 02351

Notarized

MASSACHUSETTS ALL-PURPOSE ACKNOWLEDGMENT

Gov. Exec. Ord. #455 (03-13), §5(d)



Commonwealth of Massachusetts }
County of Plymouth } ss.

On this the 5th day of July, 2006, before me,

Ann M. Kelleher, the undersigned Notary Public,
Name of Notary Public

personally appeared AW Learned III,
Name(s) of Signer(s)

proved to me through satisfactory evidence of identity, which was/were
known to me
Description of Evidence of Identity

to be the person(s) whose name(s) is/are signed on the preceding or attached document,
and acknowledged to me that he/she/they signed it voluntarily for its stated purpose(s)

as partner(s) for _____
Name of Partnership

_____, a partnership.

as _____ for
Title of Office

_____, a corporation.
Name of Corporation

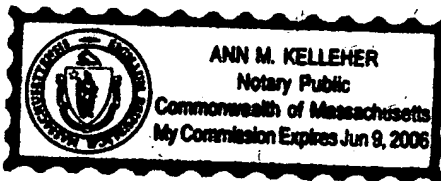
as attorney in fact for _____
Name of Principal Signer, the principal.

as _____ for _____
Type of Capacity

_____, a/the _____
Name of Person/Entity Type of Entity

Ann M. Kelleher
Signature of Notary Public

Ann M. Kelleher
Printed Name of Notary



Place Notary Seal and/or Any Stamp Above

My Commission Expires 6-9-06

OPTIONAL

Although the information in this section is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

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Right Thumbprint of Signer
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